

Part A Ladies First Member Report – Fill this out and give to your doctor



VERMONT DEPARTMENT
OF HEALTH

Member Name _____

Date _____

HEALTH HISTORY

1. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

3. Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

4. Has a doctor, nurse, or other health professional ever told you that you had any of the following: heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

5. Has your father, brother, or son had a stroke or heart attack before age 55?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

6. Has your mother, sister, or daughter had a stroke or heart attack before age 65?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

7. Has either of your parents, your brother or sister, or your child ever been told by a doctor, nurse or other health professional that he or she has diabetes?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Don't want to answer

8. Are you currently taking medication for high cholesterol?

- ☐ Yes, as prescribed
- ☐ Yes, but did not take today
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

9. Are you currently taking medication for high blood pressure?

- ☐ Yes, as prescribed
- ☐ Yes, but did not take today
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

10. Are you currently taking medication for diabetes?

- ☐ Yes, as prescribed
- ☐ Yes, but did not take today
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

11. Do you now smoke cigarettes?

- ☐ Every day
- ☐ Some days
- ☐ Not at all
- ☐ Don't know
- ☐ Don't want to answer

NUTRITION & PHYSICAL ACTIVITY

12. How many days per week do you participate in moderate physical activity for at least 30 minutes? (For example, brisk walking, bicycling, vacuuming or gardening.) Please circle number of days.

Zero 1 2 3 4 5 6 7

13. What type of milk do you drink or put on cereal?

- ☐ Whole
- ☐ Reduced fat (2%)
- ☐ Low-fat (1%)
- ☐ Fat free (skim)
- ☐ Other milk
- ☐ Do not drink milk

14. What type of cheese do you normally eat?

- ☐ Regular
- ☐ Low-fat
- ☐ Non-fat
- ☐ Do not eat cheese

15. How many servings of fruits and vegetables do you eat each day? (For example: 3/4 cup of juice, 1/2 cup canned fruit/vegetable, or 1 medium sized fruit or vegetable.) Please circle.

Zero 1 2 3 4 5 6 or more

Part B Ladies First Provider Report

Fax Part A & B within ten days of results to 802-657-4208.
Or mail to: Ladies First, Vermont Department of Health
P.O. Box 70, Burlington, VT 05402-0070

LFSC 11/2010

Patient Name _____

Date of Birth ____/____/____ Date of Service ____/____/____
MM DD YYYY MM DD YYYY

Practice Name _____

Provider Name _____

Provider TEL # _____

HEART HEALTH

Height ____ in. Weight ____ lbs. BMI ____

☐ Patient refused ☐ Unable to obtain

Blood Pressure: Two blood pressure readings are required.

First Reading: ____/____ mm/Hg

Second Reading: ____/____ mm/Hg

☐ Patient refused ☐ Unable to obtain

>180/>110: Immediate treatment required.

Glucose & Cholesterol:

Is patient fasting for 9 hours? ☐ Yes ☐ No

Blood work:

☐ Blood drawn on site ☐ Patient refused
☐ Patient sent to Lab: Location _____

Results:

Glucose ____ mg/dl or **A1C** ____
>375 mg/dl: Immediate treatment required.

☐ Patient refused ☐ Unable to obtain

Lipid Profile

*Total Cholesterol ____ mg/dl

HDL ____ mg/dl

LDL ____ mg/dl

Triglycerides ____ mg/dl

***>400 mg/dl: Immediate treatment required.**

☐ Patient refused ☐ Unable to obtain

BREAST

Clinical Breast Exam:

Does patient report breast symptoms?

(e.g. a lump, nipple discharge, skin changes)

☐ Yes ☐ No

Findings:

- ☐ Normal exam ☐ Benign finding
- ☐ Discrete palpable mass (dx benign)
- ☐ Discrete palpable mass (suspicious of cancer)
- ☐ Bloody/serous nipple discharge
- ☐ Nipple or areolar scaliness
- ☐ Skin dimpling or retraction

Follow-up for abnormal finding is: _____

CBE not done today:

- ☐ Not needed—previous normal CBE in past 12 months
- ☐ Patient refused
- ☐ Other (reason): _____

Mammogram Ordered:

Mammograms are encouraged for all women 40+.

Date Scheduled: ____/____/____

Facility: _____

Ordered mammogram for:

- ☐ routine screening
- ☐ further evaluation of
- ☐ reported symptoms
 - ☐ positive clinical breast exam
 - ☐ previous abnormal mammogram less than a year ago

☐ Mammogram not ordered.

Reason:

- ☐ not age appropriate
- ☐ went directly to other imaging; e.g. ultrasound or diagnostic work-up
- ☐ had mammogram before today's visit

Date: ____/____/____

☐ other: _____

CERVICAL

Pelvic Exam:

Findings:

- ☐ Within normal limits
- ☐ Abnormal—not suspicious for cervical malignancy
- ☐ Abnormal—suspicious for cervical malignancy
- ☐ Not performed (reason): _____

Follow-up for the abnormal finding is: _____

Pap Test:

- ☐ Performed routine Pap test today. Lab used: _____
- ☐ Performed Pap test today as follow-up to a previous abnormal Pap.
- ☐ Pap not performed because:
- ☐ not due for Pap until ____/____/____
 - ☐ had Pap before today's Ladies First visit. Date: ____/____/____
 - ☐ not done, went directly to diagnostic work-up or HPV testing
- ☐ Other: _____
- ☐ HPV test performed. Lab used: _____